

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Rural Referral Center

RURAL HEALTH FACT SHEET SERIES





This publication provides the following information about the Rural Referral Center (RRC) Program:

- ❖ Background;
- ❖ Program requirements; and
- ❖ Resources.

Background

The RRC Program was established to support high-volume rural hospitals that treat a large number of complicated cases.

Rural Referral Center Program Requirements

The *Code of Federal Regulations* (CFR) under 42 CFR 412.96 contains a full description of the criteria for RRCs. In general, a Medicare participating acute care hospital is classified as a RRC if it is located in a rural area and it meets ONE of the following criteria:

- 1) It has 275 or more beds available for use during its most recently completed cost reporting period. If the hospital's bed count has changed, written documentation may be submitted with the application regarding one or more of the following reasons for the change:
 - The merger of two or more hospitals;
 - Acute care beds that previously were closed for renovation are reopened;
 - Acute care beds that previously were classified as part of an excluded unit are transferred to the Prospective Payment Systems (PPS); or
 - The hospital expands the number of acute

care beds for use and these beds are permanently maintained for inpatients (such expansion does not include beds in corridors or other temporary beds); OR

- 2) It shows the following three elements:

- At least 50 percent of the hospital's Medicare patients are referred from other hospitals or from physicians who are not on the staff of the hospital;
- At least 60 percent of the hospital's Medicare patients live more than 25 miles from the hospital; and
- At least 60 percent of all services the hospital furnishes to Medicare patients are furnished to patients who live more than 25 miles from the hospital; OR

- 3) If the criteria in 1) or 2) above cannot be met, a hospital is classified as a RRC if it is located in a rural area and meets the criteria specified in a) and b) AND at least ONE of the criteria specified in paragraphs c), d), or e) listed below:

- a) Case-Mix Index (CMI) – For discharges during the most recent Federal fiscal year (FY) ending at least one year prior to the beginning of the cost reporting period for which the hospital is seeking RRC status, its CMI is at least equal to the lower of the median CMI value for all urban hospitals nationally or the median CMI value for urban hospitals located in each region, excluding those hospitals receiving indirect medical education payments as provided in 42 CFR 412.105; AND
- b) Number of Discharges – Its number of discharges is at least 5,000 or the median number of discharges for urban hospitals in the census region in which the hospital is located, set by the Centers for Medicare & Medicaid Services (CMS) yearly in the Inpatient PPS rulemaking, in accordance with 42 CFR 412.96(c)(2). For an osteopathic hospital, its number of discharges is at least 3,000; AND
- c) Medical Staff – More than 50 percent of the hospital's active medical staff are specialists who meet the conditions specified under 42 CFR 412.96(c)(3); OR
- d) Source of Inpatients – At least 60 percent of all discharges are for inpatients who reside more than 25 miles from the hospital; OR
- e) Volume of Referrals – At least 40 percent of all inpatients treated at the hospital are referred from other hospitals or from physicians not on the hospital's staff.

Section 4202(b) of the Balanced Budget Act of 1997 states that any hospitals designated as RRCs in FY 1991 are grandfathered as such for FY 1998 and each subsequent year.

Resources

To find additional RRC information, see Chapter 3 of the Medicare Claims Processing Manual (Pub. 100-04) at <http://www.cms.gov/Manuals/IOM/list.asp> on the CMS website. To access the CFR, visit <http://www.gpoaccess.gov/cfr/index.html> on the Internet.



HELPFUL WEBSITES

American Hospital Association Rural Health Care

http://www.aha.org/aha/key_issues/rural/index.html

Critical Access Hospitals Center

<http://www.cms.gov/center/cah.asp>

Disproportionate Share Hospital

http://www.cms.gov/AcuteInpatientPPS/05_dsh.asp

Federally Qualified Health Centers Center

<http://www.cms.gov/center/fqhc.asp>

Health Resources and Services Administration

<http://www.hrsa.gov>

Hospital Center

<http://www.cms.gov/center/hospital.asp>

HPSA/PSA (Physician Bonuses)

<http://www.cms.gov/hpsapsaphysicianbonuses>

Medicare Learning Network

<http://www.cms.gov/MLNGenInfo>

National Association of Community Health Centers

<http://www.nachc.org>

National Association of Rural Health Clinics

<http://www.narhc.org>

National Rural Health Association

<http://www.nrharural.org>

Rural Health Clinics Center

<http://www.cms.gov/center/rural.asp>

Rural Assistance Center

<http://www.raconline.org>

Swing Bed Providers

http://www.cms.gov/SNFPPS/03_SwingBed.asp

Telehealth

<http://www.cms.gov/Telehealth>

U.S. Census Bureau

<http://www.Census.gov>

REGIONAL OFFICE RURAL HEALTH COORDINATORS

Below is a list of contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues.

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